



2015 Summer Special Needs Teen Camp • Registration Form

Please Print • One form per camper

Longmont Recreation Services, 700 Longs Peak Avenue, 303-651-8404

Camper's Name _____ Registration Date _____

Birth Date _____ Age at Start of Camp _____ Gender _____

Camper's Primary Address _____

City _____ Zip _____ Home Phone _____

Please circle: Can the camper swim? Yes No Shirt Size: YS YM YL AS AM AL AXL A2XL
Does camper carry an epi-pen? Yes No

1 Camp t-shirt is included in reg fee and must be worn on Thursdays.

Special needs, medical or special conditions we should be aware of? No/ Yes **Add'l forms may be required **

Please Note: An entire Enrollment Packet MUST be completed PRIOR to each camper's first day at camp

Mother/Guardian #1's Information:

Name _____

Address _____

Home Phone _____

Cell Phone _____

Employer _____

Employer Address _____

Work Times _____

Work Phone _____

E-mail Address _____

Father/Guardian #2's Information:

Name _____

Address _____

Home Phone _____

Cell Phone _____

Employer _____

Employer Address _____

Work Times _____

Work Phone _____

E-mail Address _____

Individuals who may pick up campers:



Summer Special Needs Teen Camp Options:

Ages 13-17, Monday-Friday, 9am-4pm

8 Week Option (9am-4pm only)

\$1,185 res/ \$1,485 non-res

Weekly Options (9am-4pm only)

Select weeks in chart to the right

Weeks 1-8: \$150 wk/

\$188 non-res

wks _____ x \$150/\$188 = _____

installment billing:

-initial payment = \$25/wk at enrollment

-IB payment = \$125/wk on 1st and 15th:

June 1 bill for wks 1 & 2; June 15 for wks 3 &

4; July 1 for wks 5 & 6; and July 15 for 7 & 8

2015 Dates	Weekly Option
Wk 1: June 1-5	
Wk 2: June 8-12	
Wk 3: June 15-19	
Wk 4: June 22-26	
Wk 5: June 29-July 3	
Wk 6: July 6-10	
Wk 7: July 13-17	
Wk 8: July 20-24	
Enroll in all 8 weeks: (save \$15)	

_____ **Full Payment**

_____ **Half Payment:**

**1st half due at reg;
second half payment
due May 22.**

_____ **Auto Pay:**

**charged 1st & 15th in
June and July**

_____ **Auto pay form
complete**

Registration Total: _____ Payment Total: _____

CC/Check/Cash/Auto Pay

Date Received: _____